

some cases, infants suffering from the presence of diphtheria germs in the umbilicus may be admitted to nurseries and thus infect other children. Sittler reports a case where diphtheria bacilli were found on the nipple of a nursing mother. It is more than probable that a diphtheritic infant might infect the nipples of a nursing mother. Cases have been observed where diphtheria bacilli were present upon ulcerated surfaces in the genital canal in women recovering from labor. Bumm and others have demonstrated the presence of diphtheria bacilli in the vagina in a pseudomembrane and the inference is a natural one that diphtheria bacilli in these cases could readily be conveyed to the newborn. In order to make further tests of the matter, the writers examined thoroughly a considerable number of patients in their clinic. In all 42 healthy patients were examined and from each one several smear cultures were made. In none of these cases could the characteristic diphtheria bacillus be recognized. Bacteria were found which at first sight very closely, at least, resembled the so-called diphtheria germ, but, on closer examination, these were classified as pseudo-diphtheria bacilli. In one case where a pure culture and smear preparations pointed to a positive diagnosis, inoculation on animals was practised without reaction. The growth on agar did not indicate diphtheria. The writers believe that a positive diagnosis of vaginal diphtheria or of the presence of the diphtheria bacilli in the vagina can be made only when smear cultures show positively the characteristic germ and when in unselected cases a pure culture can be obtained. They do not deny the possibility of the presence of diphtheria bacilli in the genital tract of healthy pregnant women, but they believe that such must be a rare occurrence. In their experience it is much more important to scan closely those persons who act as nurses and attendants in nurseries and hospitals containing infants. The throats of these persons should be thoroughly examined and oftentimes in them will be found the source of infection. They would have, if possible, an isolation room for all children brought to an infants' hospital, where a child could be retained under observation until it could be positively determined that infective disease was absent. It is, however, difficult on account of the expense and room required to carry out such a provision.

Syphilis in Pregnancy and Labor.—CORNELL and STILLIANS (*Am. Jour. Syph.*, 1920, No. 4, p. 342) draw attention to the fact that there is great difference of opinion concerning the frequency of syphilis. Some place it as high as 16 per cent, others as low as 3 or 4. Such differences can be explained by the kind of material which has been the subject of study. In a dispensary resembling private practice, every patient was examined by the Wassermann test. If syphilis is as frequent as indicated by the high percentages, there must be many mistakes in diagnosis. Sixty-nine patients were so examined, 2 giving a strong positive and 1 a weak positive reaction. The strong reactions were obtained in negro women and one-half of them were evidently syphilitic. Twenty-six per cent of these patients gave a history of abortion or stillbirth. The reason for this condition did not become evident in the investigation. Of the pregnancies occurring among these patients, one-third of all resulted disastrously. This is frequently caused by poor living conditions and lack of prenatal care.

among the poor. Those who have no proper attention frequently possess poor teeth, tonsils which are infected, chronic appendicitis, chronic inflammation of the gall-bladder. Among private patients, about 20 per cent. gave a history of abortion or stillbirth. DOUGAL and BRIDE (*British Med. Jour.*, 1920, No. 1, p. 632) studied 100 unselected cases of abortion to ascertain the cause. In most of the cases pregnancy was interrupted during the first half. In about 40 per cent. between third and fourth months. There had been no previous pregnancy in 17 per cent; 80 per cent had born children at term and one-third of the patients had had more than three pregnancies. Previous abortion had occurred in 40 per cent., but most of them had but one abortion. In searching for the cause among 28 patients, there were mechanical causes in 13, the notion of lend in 8, in 2 shock, in 1 a kick in the abdomen, in 1 an injury to the foot, in 2 the use of a syringe or sonic instrument and in 1 unusual disturbance. There were 22 cases in which a local condition seemed to be the cause. Among these 5 had an abnormal position or shape of the uterus; in 2 there were fibroid tumors; 3 had had abdominal sections previously; influenza had attacked 3 and 2 had placenta previa. There were 7 patients who had various medical conditions. In 12 cases, the positive Wasserman reaction was found and in 6 there was no other apparent cause. In over half of the cases what seemed to be an adequate cause for the accident could be determined. So far as the pathology of the condition was concerned, hemorrhage into some portion of the embryo or ovum was usually present. It is interesting to note that of the 12 cases giving a positive reaction for syphilis, 11 had already had children at full term. It could not be shown that there is any association between a positive Wassermann reaction and repeated abortion. Probably syphilis is not responsible for more than 10 per cent. of abortions. In summing up their observations, the authors find that in 18 per cent. there was an accidental or reflex cause; in 25 per cent. some constitutional condition of the mother or disease or displacement of the uterus or some pronounced change in the embryo and its appendages. Of all abortions 20 per cent. are produced by the patients themselves. When all things are considered, it becomes evident that the precise cause of abortion cannot be ascertained in about one-third of all cases.

The Relation of the Insertion of the Round Ligaments during the Expulsive Period of Normal Labor as Indicating Uterine Ruptures.— AUER (*Zentralbl. f. Gynäk.*, 1920, Nr. 38), in the clinic in Bonn has studied cases of labor to observe the position of the point of insertion of the round ligaments. He describes the case of a primipara, aged twenty-nine years, with flat and rachitic pelvis, who entered the hospital after the rupture of the membranes. The child was in second position, the head movable above the pelvis. On internal examination, the membranes had partly refilled and one could not make out the sutures and fontanelle. There was a double promontory and partial dilatation. The true conjugate was approximately 8 cm. During the night following admission very little progress was made in the labor. The head was still movable above the pelvic brim; the back was still to the right and the lower segment had distended, but